

JUN 18 2007

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<b>From:</b>	David Tennant	<b>Direct Phone:</b>	(202) 756-8328
<b>E-Mail:</b>	dtennant@MWE.com		
<b>Sent By:</b>	Lgrant	<b>Direct Phone:</b>	202-756-8663
<b>Client/Matter/Tkpr:</b>	55071-328-5789	<b>Original to Follow by Mail:</b>	No
		<b>Number of Pages, Including Cover:</b>	44

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U.S. practice conducted through McDermott Will & Emery LLP.  
600 Thirteenth Street, N.W. Washington, D.C. 20005-3096

Telephone: 202.756.8000

Applicant: <u>Robert SOCHA, et al.</u>		Docket No. <u>055071-0328</u>		Serial No. <u>10/756,829</u>					
Title: <u>METHOD OF OPTICAL PROXIMITY CORRECTION DESIGN FOR CONTACT HOLE MASK</u>									
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<input type="checkbox"/> Letter submitting _____ pages of drawings									
<input type="checkbox"/> Req. for Approval of Drawing Amendments									
<input type="checkbox"/> Req. for Oral Hearing									
<input type="checkbox"/> Not. of Appeal <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief									
<input type="checkbox"/> Rule 312 Amendment/Letter									
<input type="checkbox"/> Req. for Acknowledgement of Cited Art									
<input type="checkbox"/> Issue Fee									
<input type="checkbox"/> Publication Fee									
<input type="checkbox"/> Req. for Certificate of Correction									
<input type="checkbox"/> Maintenance Fee for _____ years after grant									
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<input type="checkbox"/> Declaration/Power of Attorney									
<input type="checkbox"/> Recordation of Assignment/Security Agreement									
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement									
1 _____ Form PTO 1449									
2 _____ References attached									
<input type="checkbox"/> Preliminary Amendment									
<input type="checkbox"/> Response to Missing Parts Notice									
<input type="checkbox"/> Resp. to Notice to Correct App. Papers									
<input type="checkbox"/> Certified Copy of Priority Doc.									
<input type="checkbox"/> Claim for Convention Priority									
<input checked="" type="checkbox"/> Response/Amendment to Office Action of <u>January 18, 2007</u>									
<input checked="" type="checkbox"/> Request for Two (2) month Extension of Time									
Check for	\$	<input checked="" type="checkbox"/> Charge Deposit Acct. 500417	\$ 630	Atty Init	DT	Tkpr. #	5789	Secy. or PL:	LGrant
CMS Descr.: <u>(20) \$450</u> <u>(10) \$180</u>									
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Accounting

Docket No.: 055071-0328

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Customer Number: 20277  
Robert SOCHA, et al. : Confirmation Number: 2388  
Application No.: 10/756,829 : Group Art Unit: 2825  
Filed: January 14, 2004 : Examiner: Suresh Memula

For: METHOD OF OPTICAL PROXIMITY CORRECTION DESIGN FOR CONTACT HOLE MASK

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.



No additional fee is required.

Applicant is entitled to small entity status under 37 CFR 1.27

Also attached: Petition for Extension of Time and Supplemental Information Disclosure Statement

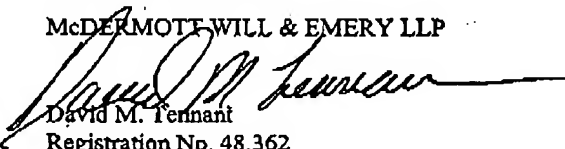
The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	18	20	0	\$50.00 =	\$0.00
Independent Claims	4	4	0	\$200.00 =	\$0.00
Multiple dependent claims newly presented					\$0.00
Fee for extension of time					\$450.00
Supplemental Information Disclosure Statement					\$180.00
Total of Above Calculations					\$630.00

- ☒ Please charge my Deposit Account No. 500417 in the amount of \$630.00. An additional copy of this transmittal sheet is submitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 500417, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

McDERMOTT WILL &amp; EMERY LLP

  
David M. Tennant

Registration No. 48,362

600 13<sup>th</sup> Street, N.W.  
Washington, DC 20005-3096  
Phone: 202.756.8000 DT:llg  
Facsimile: 202.756.8087  
Date: June 18, 2007

Please recognize our Customer No. 20277 as our  
correspondence address.